

**SOWELA TECHNICAL COMMUNITY COLLEGE**

**SEPARATION VERIFICATION FORM**

This letter is to verify that \_\_\_\_\_  
(Name of Applicant) (Social Security No.)

Is currently separated from his/her spouse since \_\_\_\_\_  
(Date of Separation)

Applicant's CURRENT address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Telephone No.: \_\_\_\_\_

Spouse's CURRENT Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant CURRENTLY has \_\_\_\_\_ child/children living in the household.

I certify that all of the above information is true and correct. I am aware that incorrect or false information may result in my termination from the program, the repayment of funds, and/or prosecution for perjury or fraud.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Notary Signature Date